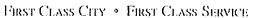


ROCHESTER







ETHICS ORDINANCE DISCLOSURE FORM

JUDY SCHERR, CMC City Clork 201 4th Street SE, Room 135 Rochester, MN 55904-3742 (507) 328-2900 FAX #(507) 328-2901

NAME:	1589	100	med			FAX #(507) 3
ADDRESS: _	611	16/12	5+			
CITY, STAT	E, ZIP COI	DE J	orhester	Mn	17924	

1. What is the name of your position, title or job title with the municipality or City?

President Board of Park Commissioners

2. Is this an employed, appointed, or elected position?

Appointed

3. What is the name of the City department in which you are employed, or City board, commission or elected body on which you serve?

Board St Park Commissioners

4. When were you hired, appointed or elected to this position?

Appointed

For questions 5, 6 and 7, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The word "interest" also includes an interest arising from blood, marriage or other personal relationships or close business or political association. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

(SEE REVERSE SIDE)

Ethics Ordinance Disclosure Form Page Two

5.	Please list y	our interests	in real prope	erty within	the City	of Rochester,	other than	your
	homestead.	Complete on	a separate p	age if nece	essary.			

BB Jentures of Roschetter CCC Nobe 3rd AJES. E Roscheter, Mun 17927

6. Please list any interests you have in a business doing business with the City.

Allen Sporting Goods 1756 34 AJESEE. Rochester, Mu 17904

7. Please list any interest you have in any business located within, or doing business in, the City.

Adles Sporting Cools 1706 32 Aus Sit Rochester, Mrs 57944

- 8. List any and all employment.

 Eagles Herio 2228 Causling MJr

 Allers Sporting Goods
- 9. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

Truster. Eagles Arrie 2228

I hereby certify that the above information is complete and accurate.

Signature | 23 | 14

Please mail completed and signed form to: Judy Scherr, CMC, City Clerk, City Hall, 201 4th Street SE, Room 135 Rochester, MN 55904-3742 05-16-13